

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-018322

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 53Primary Registration District No. 3011Registrar's No. 63

FILED MAY 24 1962

1. PLACE OF DEATH

a. COUNTY

Carroll

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Carrollton

Length of stay in 1b
15 yrs.c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

505 So. Folger

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Carroll

Inside Limits
Yes ☒ No ☐c. CITY
OR TOWN

Carrollton

d. STREET
ADDRESS (If outside, give location)

505 S. Folger

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

CAROLINE

First

Middle

Last

A. TIMMONS

4. DATE
OF DEATH

Month

Day

Year

May 18 1962

5. SEX

Female

6. COLOR OR RACE

Red

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

5/30/1910

9. AGE (last birthday)

51

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Pine Ridge S.D.

12. CITIZEN OF WHAT COUNTRY

U:S:A:

13a. FATHER'S NAME

Joseph Tapio

13b. MOTHER'S MAIDEN NAME

Unknown

14. NAME OF HUSBAND OR WIFE

John E. Timmons Jr.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

J.E. Timmons Jr. Carrollton, Mo.

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Tuberculosis

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Multiple myeloma

DUE TO (c)

INTERVAL BETWEEN
ONSET AND DEATHPART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐☐☐20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 5/1/59

to 5/18/62

and last saw her alive on 5/18/62

Death occurred at

1:15 P.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

Carrollton, Missouri

22c. DATE SIGNED

5/19/62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

5/22/1962

23c. NAME OF CEMETERY OR CREMATORY

African Oak Hill

23d. LOCATION (City, town, or county)

Carrollton

Mo.

24. FUNERAL DIRECTOR

ADDRESS

Gibson Funeral Home, Carrollton, Mo.

25. DATE RECD. BY LOCAL REG.

5-22-62

26. REGISTRAR'S SIGNATURE

Willie Morris Kemp

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1 0171

2 0171

3 2

4 1

5 1

6

7 1

8 2

9 203X

10

11

12 90-0

13 1-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Ben W. Gibson

Licensed Embalmer No.

2961

P. O. Address

Carrollton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.